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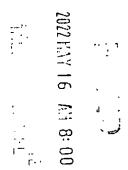
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Bin Benz L	EXPRESS LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<i>B</i> e	NSDN JOSEPH	
		Name of Person  G BENZ Express  Firm/Company	
	U	2 Italkeras CT	
		Address  Ando F/ 30808  City/State and Zip Code	
		5836 9 min/. Com to be used for future annual report notif	
For further information c	concerning this matter, please co	all:	
BeNSON Name o	Joseph of Person	at ( <u>407</u> ) <u>558 -</u> Area Code Daytime	8825
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	12 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	<u>ss:</u>	<u>Street Address:</u>	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG BENZ EXPRESS LLC

2022 MAY 16 AH 8: 00

(Name of the Limite	ed Liability Company as it now appears on or (A Florida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Li. Florida document number <u>LP2000150</u>		8-27	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the designat	ion "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	-	-	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		· · · · · ·
B. If amending the registered agent and/or re agent and/or the new registered office addres	C	s, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	Monique Estim	able	
New Registered Office Address:	Monique Estim 1145 NW 110 ST Enter Florida str	eet address	
	Miami	, Florida	33168
	City	·	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Benson Joseph	4727 HATTERAS ET DRIANDO FI 3 32508	🗹 Add
		OKIMADO PI 32 32303	□Remove
			□Change
			□Add
			□Remove
			□Change
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lf ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Please Rold Final 90 Renos30 amin! Com
_	please rdd Emial. gorenos3@gminl.com please Add EIN Number 88-0658531
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an effe lote:	ve date, if other than the date of filing:
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	5-3-37
	Signature of a member or authorized representative of a member
	Monique Estimable Typed or printed name of signee